

State of Rhode Island

Department of State - Business Services Division

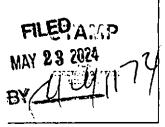
Annual Report for the year: Limited Liability Company

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



Entity ID Number	2. Exact name of the Limited Liability Company				
1688015	CJD Property Spec	CJD Property Specialist, LLC			
3. NAICS Code	4. Brief description of the chara	Brief description of the character of business conducted in Rhode Island To provide home improvement and repair services and any other lawful			
236118	To provide home impro				
5. State of Formation	business purposes.	business purposes.			
Massachusetts					
6. Principal Office Address		City	State	Zip	
23 Bridget Way		Attleboro	MA	02703	
7. Mailing Address of Limite	d Liability Company and Name or Tit	le of Contact Person			
Contact Name David E. Donnelly, Jr.		Contact Title			
Street Address 23 Bridget Way		City Attleboro	State MA	^{Zip} 02703	
8. The Resident Agent inform	mation currently of record with the RI	Department of State is accurat	e. Changes require	filing Form 642.	
	y, I declare and affirm that I have e atements contained herein are tru		g any accompanyi	ng schedules and	
Name of Authorized Person			Date	1 .	
David E. Þonnelly, Jr		Λ N .	5 1	3 2024	
Signature of Authorized Pen	son C				
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MAIL TO:

Division of Business Services

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